OT 2 9 2009 H

10/786 229

PTO/SB/81A (12-08) Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE detection of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT - POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

| | ······································ | | |
|-----------------------|---|--|--|
| Patent Number | 6940074 | | |
| Issue Date | Sep 6, 2005 | | |
| First Named Inventor | Frank Hartley | | |
| Title | Devices incorporating soft ionization membrane of manufacture | | |
| Attorney Docket Numbe | r | | |

| I hereby revoke al | I previous powers of attorney given in the | he abov | ve-ident | tified patent. | | | | | |
|---|--|---------|---------------------|------------------------|-----------|-------------|--|--|--|
| A Power of At | ttorney is submitted herewith. | | | | | | | | |
| OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | | | | | |
| I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | | | | | |
| | Practitioner(s) Name | | Registration Number | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Please recognize or change the correspondence address for the above-identified patent to: | | | | | | | | | |
| | | | | | | | | | |
| The address associated with Customer Number: | | | | | | | | | |
| Firm or Individual Name | | | | | | | | | |
| Address 529 E. Las Flores Ave. | | | | | | | | | |
| City | Arcadia | | State | CA | Zip 91006 | | | | |
| Country | USA | | | | | | | | |
| Telephone | +1 626 447 2404 | | mail f | nartley@mindspring.com | | | | | |
| I am the: Inventor, having ownership of the patent. OR Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on | | | | | | | | | |
| SIGNATURE of Inventor or Patent Owner | | | | | | | | | |
| Signature | 7 | | | Date | 10/26/ | 2009 | | | |
| Name | Frank Hartley | | Telephone (626) | | (626) 4 | 147 2404 | | | |
| Title and Company | | | | | | | | | |
| NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| Total of 7 of 9 forms are submitted. | | | | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.